

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number
101693,446

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		X		X							
2		/		X		X						
3		/		X		X						
4		/		X		X						
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7		/		X		X						
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9		/		X		X						
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Total Indep	6		5		8							
Total Depend	15	6	6	19								
Total Claims	21	11	27									

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